TALK GIVEN TO THE

PSYCHIATRIC ASSOCIATION OF ZIMBABWE

DURING AN INAUGURATION CONFERENCE HELD FROM

15TH - 16TH JANUARY, 1988

Title: AN ECLECTIC APPROACH TO COUNSELLING AIDS PATIENTS: JUNG, GESTALT AND MEDITATION

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AN ECLECTIC APPROACH TO COUNSELLING AIDS PATIENTS: JUNG, GESTALT AND MEDITATION

The aim of this talk is to explore possible techniques for counselling HIV carriers, AIDS patients and their families, which do not involve extensive in-depth training in therapy. It is recognized that with the exponential growth in numbers of HIV carriers there will not be enough qualified social workers and psychologists to cope with the counselling load. Therefore, it will be necessary to provide training to interested persons who volunteer from the health service churches or as individuals. This training would in some ways resemble that provided by Island Hospice Service to its care givers in Zimbabwe.

The techniques suggested have arisen out of my experience in counselling other dying and bereaved persons rather than out of direct work with AIDS patients. However, I think that it is fair to extrapolate since AIDS patients have to face the same feelings of loss as other dying patients but probably coupled with further shame, guilt and fear of ostracism - particularly within the Zimbabwean context where community support is minimal at present.

Following the discussion on counselling, I shall mention some meditation techniques which have been found to be useful in dealing with pain. Furthermore guided fantasy will be shown to be a possible way of helping patients maintain a positive, hopeful attitude during their illness.

So, the first question is, "What are the essential aspects of counselling which need to be conveyed to trainees?" It seems to me that what counselling is about is helping the client to change his or her way of relating to him/herself. We all experience feelings of anger, frustration, depression, guilt, etc. and these feelings naturally arise in situations of loss. The question is how to relate to them. Very often our own response and that of others is to contradict or resist such feelings. We say, "You shouldn't feel angry, cheer up, etc. This paper will suggest ways of helping people to relate in a compassionate open way to their own negative feelings. The ideas of Carl Jung, Gestalt therapy and Buddhist meditation will be drawn upon.

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What these all have in common is a hopeful view of the human psyche. These approaches see human beings as essentially good. This is important because it means that any negative feelings can be fully allowed without fear that they will actually grow and take over the psyche. We don't have to try and overcome negative feelings because if these are recognised and given compassionate attention they naturally dissipate.

This is the key to counselling which can give non-therapists the courage to encourage patients to express their pain and anguish. Negative feelings such as hate or anger if given compassionate attention actually expend themselves. Whereas, in contrast, if feelings of love and compassion are given attention they grow and flourish indicating that there is a well-spring of love in the psyche. Conversely, negative feelings ultimately have no substance.

What are the ways of identifying and then giving compassionate attention to the painful feelings which arise out of anticipated loss of life, of loved ones, of dignity and of physical comfort. We know that the common responses to loss ie, denial, anger, bargaining, depression and acceptance do not always follow a set of pattern but appear and disappear. This means that time must be given in each interview to listening for signs of where the patient is at on that particular day. It is likely, however, that denial will be the initial response, especially in view of the grim medical and social prospects associated with AIDS. Denial can take many forms from a flat refusal to hear the result of a test to an unwillingness to face the seriousness of the condition.

There are several schools of thought on the handling of denial. Kubler-Ross feels that a patient has the right to know and must be told if he/she has a terminal illness but that any denial following the telling should be allowed and treated gently. Another opinion, which I tend to favour, is that the doctor or counsellor should wait for cues from the patient which indicate readiness to receive the difficult news. If the cues are not given it is better to err in the direction of saying too little rather than too much, particularly in a situation where the support system is practically non-existent and many families are reacting to relatives with AIDS in a rejecting way. Kubler-Ross does point out that denial has the function

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of providing the psyche with space to muster its resources and the body time to get over a shock reaction.

Once denial has passed and the patient begins to show signs that he/she has recognised his/her condition but is having difficulty in contacting and surfacing feelings then the Gestalt technique of body scanning can be helpful. The patient is asked to scan the body for any areas of tension or discomfort. He is told first to exaggerate the tension then to "be the part of the body that is experiencing the tension and then to speak as that part" e.g. "Be your aching st mach, or your palpitating heart". This is a means of suspending head control and allowing feelings to be expressed. Often the stomach can say "I'm feeling tense and angry" and the heart "I'm scared" when the head cannot verbalise these feelings.

Once a predominant feeling has been identified it can be further worked with via the "empty chair" technique. Here the patient is asked to place the person he is angry with in front of him and to tell the person exactly what he is feeling. The patient should be encouraged to go on and on and to use strong language. If the patient shows signs of taking the other person's side he can go over to the chair or move in the bed and answer as the other person. This should not occur too early though as it can cut off the anger. Eventually, when the person is ready to take the other person's side this technique can facilitate reconciliation This technique can also be used for any other feelings involving others, even God.

Where the anger is turned inward and depression occurs then the patient can put himself in the empty chair, use his own name and accuse himself. The patient's attention can be drawn to all the "oughts" and "shoulds" that he is directing at himself. Once these have been fully expressed the patient can again be told to move over to the "empty chair" and get a feeling of what it is like to be on the receiving end of all these "shoulds" "What do they do to you?" What would you like to answer back"? Most people notice the undermining quality of these "shoulds". The patient is then asked to give an image or label to this judging part of himself. Once a label has been given to this "sub-personality" such as "prosecutor" or "cop" or whatever, it helps the patient to gain some distance from that part of himself and not to be overwhelmed by it.

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Other sub-personalities can also be recognised, some positive and some negative. Roberto Assagioli, a follower of Carl Jung, has developed an interesting way of working with these sub-personalities. He describes the psyche as a village with a central hut and smaller huts in a circle round it. In the centre hut resides the Self and in the surrounding huts the sub-personalities are housed. In the ideal situation the Self is strongest and can summon forth the sub-pesonalities when needed but send them back to their huts when another quality is called for. Some sub-personalities want to move into the central hut and take over but this should not be allowed and one way of changing the relationship of the Self to the sub-personalities is to take a guided fantasy climp up the mountain with the sub-personality. Inevitably, the sub-personalities qualities are exaggerated or sometimes positive aspects emerge. In Jungian terms this can be a means of differentiating aspects of the psyche and integrating them, rather than being overwhelmed by them.

However, it is important that the patient be encouraged to be firm with any self-prosecuting judging tendencies in himself as the "prosecutor" sub-personality which we nearly all have is very undermining and can sabotage psychic and physical healing by swamping the psyche with feelings of guilt and self denegration Negative energy directed at the self should be re-directed outwards at the "prosecutor". The patient must be encouraged to take sides with himself against the prosecutor. This does not mean the patient can have no regretful feelings about himself or his past actions. Guilt and regret are very different. Guilt can lead to an immobilised negative self image whereas regret can be worked with, through identifying the lessons to be learnt from past mistakes and through apologising to any wronged persons placed in the "empty chair".

Overall, the above techniques are aimed at helping the patient get in touch with any negative and positive feelings which have not been expressed and to work with the energy of these emotions so that they are not being suppressed or repressed, thus taking their toll on the body. There is an old expression "sorrow which has no vent in tears makes other organs weep".

Patients who seem immobilised by guilt should be encouraged to say to themselves or out loud "I am a good amd whole person". This

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may not seem superficially true but it does describe their essential nature. If a patient seems to have lost touch with their own power they can say out loud and to themselves. "I am powerful. My power is good". If the patient shows religious inclinations they can be directed to say "I have been created in God's image and as such I am entirely lovable and entirely loving".

Sometimes repeating the above can lead to pain arising because it seems so untrue in the face of the many harmful actions we all engage in. However, the patient should be encouraged to persist until he gets a sense of the truth of his essential nature which is beneath and independent of the unwise and wise choices that we generally make.

In addition to working with aspects of the psyche in the ways that have been outlined it is also possible to work with bodily pain in a creative way. We have been conditioned to reject pain and therefore to react to it in a negative way. We generally want to get rid of it and this resistance can lead to tension and actually increase the pain and discomfort. An alternative approach is described in the following guidelines: Firstly, soften all the muscles around the pain so that it becomes free floating. Then explore the sensation of the pain and get a sense of its quality ie, is it a sharp stabbing sensation or a dull ache? Through this exploration you may find that pain is not solid but changes when it is observed. It may take courage to focus attention on the pain. If too much fear or resistance builds up rest and relax for a while. However, try to be with the moment rather than thinking ahead of all the pain to come which is then loaded on top of the present experience. See if you can feel compassion towards the pain and the fear of the pain, rather than aversion ie, pushing away the pain and the fear. In this way, the pain may not disappear but it becomes more tolerable.

What has been outlined above is a response to pain rather than a reaction and as in the work with the psyche, the two essential qualities are awareness and compassion. These qualities allow for the kind of steady and open attention which can transform any experience into a vehicle for growth, resolution and insight.

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